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Director and Chief Medical Officer

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COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

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March 10, 2004

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D. 
Director and Chief Medical Officer

SUBJECT: **DEPARTMENT OF HEALTH SERVICES LETTER OF INTEREST (LOI)
FOR SUBMISSION OF FQHC/LOOK-ALIKE APPLICATION**

This is to provide you with an update on the Department of Health Services' (DHS) continuing effort to secure Federally Qualified Health Center (FQHC) status.

Background

As part of the 1115 Waiver (Waiver) extension in 2000, the County is required to apply for FQHC status for outpatient services. Under the Waiver extension, DHS outpatient services are supported through the Medi-Cal cost-based reimbursement (CBRC). CBRC is set to expire on June 30, 2005 with the expiration of the Waiver. Gaining FQHC status was conceived during the Waiver extension negotiations as a way to obtain ongoing stable enhanced reimbursements to support the County's Ambulatory Care program.

In April 2003, the Department submitted a section 330(i) public housing primary care grant application to the Health Resources and Services Administration (HRSA). As previously reported, the grant application was rejected. Through this grant, it was conceived that the County's entire outpatient health system would be eligible for FQHC reimbursement.

Last fall, a group from the County met with HRSA representatives regarding the rejected grant application. HRSA officials recommended that we pursue FQHC/Look-Alike status. FQHC/Look-Alike status is given to entities that meet the requirements for grant funding but are not actually awarded a grant.

Approach

A key federal element of the FQHC/Look-Alike program relates to how the services in question are governed. As a government entity, the County, like many publicly-operated health systems, does not

meet the governance requirements to receive Look-Alike status. Alternatively, in order to meet the governance requirements, public health systems in Seattle, Chicago, and Santa Clara County have established "co-applicant boards." This approach has received approval, and represents a viable way to achieve FQHC status for a portion of the DHS system.

Under this approach, your Board would establish a co-applicant board by ordinance. The co-applicant board would be the governing body of those health care clinics that are designated as FQHC/Look-Alike. The co-applicant board would have authority over 1) approving the selection and dismissal of the executive director; 2) adopting policies identifying the services to be delivered at the FQHC/Look-Alike locations and the hours during which services are to be provided; and 3) implementing a procedure for hearing and resolving patient grievances, among other authority. Your Board would retain ultimate control over finance and personnel matters.

DHS' strategy is to seek FQHC/Look-Alike status for the 3 comprehensive health centers (CHCs) located in the most medically needy areas in the County, and to eventually expand the scope to include all CHCs and health centers. This approach of starting with 3 CHCs was recommended by HRSA staff who indicated that approval for fewer sites is easier to get through the review process, and that the eventual request for expansion of Look-Alike status to other sites would be easier for an established program.

It is important to note that Look-Alike status is not likely to provide enhanced reimbursement to our hospital outpatient departments, where the bulk of our system's ambulatory care visits are delivered and, hence, where the majority of CBRC revenues are derived.

Working with the CAO, legislative strategist and County Counsel, we believe that this approach to attaining "Look-Alike" status is an important step in securing revenue from a number of sources to replace revenues set to expire at the end of the Waiver period, June 2005.

Attached is the letter of interest recently transmitted to HRSA expressing the Department's interest in seeking FQHC/Look-Alike status for 3 of our CHCs.

If you have any questions or require additional information, please contact me.

Thank you.

TLG:dp

cc: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors



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March 10, 2004

Bureau of Primary Health Care
4350 East West Highway, 7th Floor
Bethesda, Maryland 20814

ATTN: FQHC Look-Alike Letter Of Interest

Dear FQHC Look-Alike Review Manager:

Please accept this letter as an indication of Los Angeles County's interest in submitting an application for FQHC Look-Alike designation for three of its community-based comprehensive health centers (CHCs), located in densely populated and contiguous urban neighborhoods of South and Central Los Angeles. This letter is the outgrowth of Los Angeles County's receipt of a federal 1115 Waiver in 1995 that has afforded an opportunity for transforming a large, centralized, inpatient-centered, public health care system into an integrated system of care that focuses on the provision of comprehensive primary and preventive health care to Medicaid and indigent populations through public, as well as private providers.

Three guiding principles lead to the development of this Los Angeles County submission, which is occurring concurrently with the restructuring of our County health system. The success of the restructuring is dependent on the County's ability to:

- (a) Continue to receive cost-based or similar reimbursement (as under the County's Medicaid 1115 Waiver) for ambulatory care. If this funding is not sustained, there will be major service reductions in hospital outpatient clinics that provide care to more than 700,000 Medicaid (Medi-Cal in California) and indigent patients, major service reductions in hospital-based services that support primary care provided by private community clinic partners, and additional closures of County health centers;
- (b) Target individuals with the most barriers to accessing care and the greatest need for services. Many individuals are unable to overcome barriers to primary care and therefore present for services in the County's four hospital emergency rooms. Some are later admitted for inpatient care due to the severity of their neglected conditions. A key to sustaining the County's safety net system is to assure that people with chronic illness and complex medical conditions are treated in the most clinically appropriate and cost-effective setting to ensure better health outcomes and system effectiveness; and

- (c) Align health care programs and services to meet community needs by responding to needs as a system, reducing the tendency of facilities to operate as autonomous units, and using a systematic approach to controlling supply and demand. The County's strategic vision calls for its health care facilities and its community clinic partners to make calculated program decisions with the goal of addressing major health problems affecting communities. This moves the County away from an institution-based approach to health care delivery to a population-based approach with networks of providers working collaboratively to serve defined geographic communities.

The development of an FQHC Look-Alike application is the fulfillment of a long-standing agreement with the federal and state governments to acquire FQHC-reimbursement to partially address the problem of funding health care to medically needy populations and as a strategy for sustaining the health care safety net system. Los Angeles County strongly believes that CHCs fit squarely into the County's strategy for improving community health.

The following address the specific areas listed in the request for Letters of Interest.

The name and address of the organization and sites to be designated. This applicant will be the Los Angeles County Department of Health Services (LACDHS), 333 North Figueroa Street, Los Angeles, California 90012. The three CHC sites are located in contiguous neighborhoods of South and Central Los Angeles County. The three CHC sites are:

Name	Address	Located in Census Tract
H. Claude Hudson Comprehensive Health Center (Hudson CHC)	2829 South Grand Ave. Los Angeles, CA 90007	06037224600
Hubert H. Humphrey Comprehensive Health Center (Humphrey CHC)	5850 South Main Street Los Angeles, CA 90003	06037239200
Edward R. Roybal Comprehensive Health Center (Roybal CHC)	245 South Fetterly Los Angeles, CA 90022	06037530400

The proposed target population, service area, urban/rural designation and federally designated MUA/MUP areas. According to the 2000 census, Los Angeles County is an urban area, the second largest metropolitan area in the United States. It has a sprawling population of more than 10 million residents and a geographic area spanning 4,081 square miles. The County includes 88 cities, including the City of Los Angeles, and vast unincorporated areas in which County agencies and services are prevalent. According to data collected in 2000 by the LACDHS Public Health Data Collection & Analysis Unit, Latinos comprised nearly 45 % of the County's population, whites 33% percent, Asian/Pacific Islanders 12% percent, Blacks nine percent, and American Indians one percent. LACDHS is responsible for maintaining the health safety net for the 2.5 million uninsured residents of Los Angeles County.

The proposed delivery sites will provide health care and related services to low-income and primarily Latino residents of this densely populated service area, encompassing approximately 161 square miles, 71 standard Los Angeles zip codes and 555 census tracts in whole or in part (see Exhibit A, Map of Service Area & Surrounding Facilities). More than one-third (34.9%) of the service area is designated as a MUA and/or MUP. Within the service area population of 2,201,378, 60 % of the residents are at or below 200 percent of the Federal Poverty Level (FPL). Table 1 shows total population and number of residents with incomes above and below FPLs for the service area of each CHC.

Table 1: CHCs Service Area Population Income Levels

Site	Total Population	Pop <100% FPL	Pop <200% FPL	Pop >200% FPL
Hudson CHC	1,434,662	449,912	891,863	510,235
Humphrey CHC	1,317,694	423,967	826,497	468,065
Roybal CHC	917,185	211,755	483,018	411,815
Total	3,669,541	1,085,634	2,201,378	1,390,115

Issues creating a high need for primary health services and significant/unique barriers to care. Many persons are unable to overcome barriers to care and present for services in the County's four hospital emergency rooms; and some are later admitted for inpatient care due to the severity of their neglected condition. A key to sustaining the County's safety net system is to assure that people with chronic illness and complex medical conditions are treated in the most clinically appropriate and cost-effective setting, avoiding remedial measures that are more costly to the individual and health care system. It is also critical that these individuals are enrolled in appropriate care management and disease management programs to ensure better health outcomes and cost-effectiveness of resources used. The CHCs' service area is characterized by ethnic and cultural diversity, high population density, poverty, poor housing conditions, overcrowded schools, high drop-out rates, high rates of crime and gang-related disturbances, sparse commercial services (e.g., markets and laundromats), few parks or public recreational areas, and limited health care resources.

During 2002, of the more than two million residents in the service area living below 200 percent of FPL, the three CHCs combined provided services to 143,161 patients. By qualifying the CHCs as FQHC Look-Alikes, we are assuring continued access to vitally needed community-based services to residents who often do not receive timely health care, thus adversely impacting an already over-burdened health care system. The presence of these CHCs reduce or remove such access barriers as lack of transportation and traditional service hours, which foster postponing treatment of conditions and minimal, if any, preventive care.

There are also common communication barriers due to language and cultural disparities between providers and patients. Fortunately, the Hudson, Humphrey and Roybal CHCs offer services in both English and Spanish and the majority of their front line staff is bi-lingual in both languages. LACDHS prides itself on its ability to serve a multicultural population with limited English-speaking abilities. Patient health education materials and forms, for instance, are already written in both Spanish and English. CHCs also pay particular attention to immigrants and others with distinct cultural or linguistic preferences so that its patients are able to obtain needed low or no cost medical care without fear of being identified as a public charge.

Justification of the need for FQHC Look-Alike designation and documentation of the lack of sufficient health care resources in the service area to meet the primary care needs of the target population. A map of the service area with the organization and sites noted, as well as other resources in the service area. Enclosed with this letter is a map of the service area, which includes the location of FQHC and FQHC Look-Alike facilities in relation to the CHCs. There are 18 FQHC delivery sites in the combined service area and five FQHC Look-Alikes. The three county-operated CHCs, which are each located on major travel corridors, are within approximately seven miles of one another. All three facilities serve substantial numbers of low-income medically uninsured residents.

At the Humphrey CHC nearly 60 % are without insurance and pay for a portion of their care based on an ability to pay discounted fee schedule. Uninsured patients also make up the majority of patients served at most other section 330 and FQHC Look-Alikes in the Humphrey CHC's surrounding area. Patients covered under some form of Medicaid (Medi-Cal in California) come in a distant second at 11 %. Table 2 shows the percentage of patients that are uninsured or covered by Medi-Cal for the Humphrey CHC and providers in the surrounding area.

Table 2: Patients by Payer Source - Humphrey CHC and Other Providers

	Humphrey CHC	St. John's	New Watt	S. Central Family	Magic Johnson	California Family
Uninsured/ Self Pay	33,371 59%	12,031 77%	10,793 56%	2,130 28%	183 50%	0
Medi-Cal	5,886 11%	1,959 12.5%	3,255 17%	3,060 41%	97 26.5%	5,658 67%
All Other	17,220 30%	1,663 10.5%	5,197 27%	2,289 31%	86 23.5%	2,800 33%
Total	56,477 100%	15,653 100%	19,245 100%	7,479 100%	366 100%	8,458 100%

AT Hudson CHC, nearly 70 % of the Hudson CHC's patients are uninsured/self-pay and another 16 % are covered by Medi-Cal. For other providers surrounding the Hudson CHC, the majority of patients seen are also either uninsured or covered by Medi-Cal. Table 3 shows the number of patients by payer source for the Hudson CHC and the other providers.

Table 3: Patients by Payer Source - Hudson CHC and Other Providers

	Hudson CHC	St. John's	Clinica Romero	S. Central Family	Inst. for Multicultural Counseling	California Family
Uninsured/ Self Pay	34,126 69%	12,031 77%	0	2,130 28%	86 9%	0
Medi-Cal	8,026 16%	1,959 12.5%	4,748 44%	3,060 41%	355 39%	5,658 67%
Other	7,480 15%	1,663 10.5%	5,976 66%	2,289 31%	470 52%	2,800 33%
Total	49,632 100%	15,653 100%	10,724 100%	7,479 100%	911 100%	8,458 100%
	Queens care Echo Park	Queenscare Wilshire	AltaMed Buenacare	AltaMed Senior	Arroyo Vista	LA Free Clinic
Uninsured/ Self Pay	3,029 29%	551 7%	18 4%	0	1,929 40%	520 14%
Medi-Cal	1,258 12%	1,231 15%	93 23%	198 67%	2,297 47%	41 1%
Other	6,298 59%	6,339 78%	296 73%	98 33%	645 13%	3,293 85%
Total	10,585 100%	8,121 100%	407 100%	296 100%	4,871 100%	3,854 100%

At the Roybal CHC more than 66 % of the patients are uninsured/self-pay. For other providers in the surrounding area, a majority of patients are either uninsured or covered by Medi-Cal. Table 4 compares the patients by payer source at the Roybal CHC with the other providers.

Table 4: Patients by Payer Source - Roybal CHC and Other Providers

	Roybal CHC	Franciscan Queenscar e	AltaMed Mobil	AltaMed East L.A.	AltaMed Buenacare	AltaMed Senior
Uninsured/ Self Pay	23,127 66.5%	1,722 43%	1,946 97%	1,312 13%	18 4%	0
Medi-Cal	4,981 14.3%	396 10%	31 2%	6,125 59%	93 23%	198 67%
Other	6,697 19.2%	1,877 47%	20 1%	2,945 28%	296 73%	98 33%
Total	34,805 100%	3,995 100%	1,997 100%	10,382 100%	407 100%	296 100%

History and Mission of the Organization seeking designation. LACDHS was reorganized in 1972 by order of the County Board of Supervisors, Los Angeles County's governing body. The first City Public Health Department dates back to 1857, and the County Health Department was founded in 1903. The City and County Health Departments were merged in 1964. Its mission is to *protect, maintain, and improve the health of communities*. Its mission further states that:

On behalf of the various communities, DHS assesses health needs, develops policies to address those needs, ensures prevention and control of communicable diseases, manages harmful agents in the environment, encourages healthy behavior, and provides health promotion and preventive services.

DHS ensures that, to the extent resources are available, the medically indigent and others who choose the County for their care, have appropriate access to health services at the community level. DHS serves as a provider, contractor, and coordinator of health care services that are effective, efficient, comprehensive, and that lower the cultural, linguistic, financial, and disability-related barriers to access.

DHS is a partner with the private sector, other County departments, and affiliated educational institutions in training health professionals.

LACDHS is the County's largest department and the second largest health system in the nation. It currently has some 23,317 budgeted positions and an operating budget of \$2.6 billion net appropriations. It provides acute and rehabilitative patient care, trains physicians and other health care clinicians, and conducts patient care-related research. LACDHS operates five hospitals, including some of the nation's premiere academic medical centers through affiliations with the University of Southern California School of Medicine, UCLA School of Medicine, and the Charles R. Drew University of Medicine and Science. In addition, LACDHS operates six comprehensive health centers and multiple smaller health centers throughout the County, many in partnership with private, community-based providers.

LACDHS' Office of Ambulatory Care will administer this three-site initiative. The Office of Ambulatory Care, as part of LACDHS, is responsible to the County Board of Supervisors.

LACDHS' network of health care services includes the regional distribution of health care centers throughout the County. The health centers adhere to strict accreditation requirements and standards established by the Joint Commission on the Accreditation for Healthcare Organizations (JCAHO). Although County-operated health centers are not subject to JCAHO requirements, the County has extended quality improvement and quality assurance programs to these sites, and has encouraged its health care partners to similarly adopt these standards of care.

At the time of application submission, LACDHS will have in place a Community Comprehensive Health Centers Council that will oversee the three CHCs described in this Letter of Intent. The Council structure will constitute a co-applicant board, which is a model that has been successfully implemented in other municipalities, such as Multnomah, Clackamas, Tillamook and Lane Counties in Oregon. Under the FQHC statute, to be an FQHC Look-Alike, the designated organization must look like a Community Health Center funded under §330 of the Public Health Service Act. Section 330 allows a public agency to establish a co-applicant board to meet the §330 requirements, rather than change the grantee to meet the requirements.

Among other responsibilities, the co-applicant board will: (a) meet monthly, (b) select the services to be provided and schedule the hours of operation, (c) approve the selection of the director, (d) approve each comprehensive health center's annual budget and annual application, and (e) establish health care policies for the comprehensive health centers. The co-applicant board will meet the membership requirements specified in the §330 regulations. It will be composed of 17 members, nine of whom will be users of services, selected to assure representation of the user population. Therefore, at least, 51 percent of users will be consumers of services who will also reflect the patient population being served at each of the three sites. Six of the remaining members will be drawn from LACDHS divisions where their expertise will benefit the board. None of the six will be from the Office of Ambulatory Care, which will administer the FQHC Look-Alike Initiative or from the chain between the Office of Ambulatory Care and the Board of Supervisors so none will be employees of the designated FQHC Look-Alike. The remaining two members will be at-large representatives recruited from the service area representing the community served. Of the non-consumer members, not more than 50 percent will earn more than 10 percent of their income from the health care industry.

Current operational capacity of the organization, providers and services. LACDHS' current fiscal forecast estimates financial stability through fiscal year 2006-07 for a reorganized, leaner LACDHS system. For the period December 2002-December 2004, the County has recently entered into a two-year agreement as part of a 1915(b) Selective Provider Contracting Program waiver with the State and the Federal Centers for Medicare and Medicaid which provides funding assistance to stabilize the County's health system, and a downsizing plan approved by the County's Board of Supervisors in June 2002. In addition, on November 5, 2002, voters approved Measure B, which imposes a new property tax, effective in fiscal year 2003-04, to support emergency and trauma services, which will provide additional stabilization assistance to LACDHS.

Other information regarding the three CHCs:

The Hubert H. Humphrey Comprehensive Health Center is a major primary, specialty, and ancillary services care provider in the Southwest region of Los Angeles County, located in Service Planning Area (SPA) 6. It is located in a two-story, 143,200 square foot building with 86 examination rooms. Services offered include:

cardiology, dermatology, diabetes management, endocrinology, ear nose and throat (ENT), gastroenterology, podiatry, pediatrics, family medicine, family planning, children and adult dental care, women's health, immunization, senior nutrition, pharmacy, labs, x-ray, HIV testing, environmental health, transportation. Hours of operation are from Monday through Friday, 8:00 AM - 5:00 PM, and Urgent Care Clinic is open, Monday through Sunday, 8:00 AM – to Midnight.

The H. Claude Hudson Comprehensive Health Center offers cardiology, dermatology, diabetes management, endocrinology, ear nose and throat (ENT), gastroenterology, nephrology, ophthalmology, optometry, podiatry, pediatrics, family medicine, family planning, outpatient surgery, children and adult dental care, women's health, immunization, pharmacy, labs, x-ray, walk-in urgent care. Hours of operation include Monday through Sunday for Urgent Care services, 8 AM to Midnight.

The Edward R. Roybal Comprehensive Health Center offers cardiology, dermatology, diabetes management, geriatrics, ear nose and throat (ENT), ophthalmology, podiatry, pediatrics, physical therapy, immunization, pharmacy, labs, x-ray, HIV testing and HIV early intervention. Hours of operation include Monday through Friday, 8:00 AM to 8:00 PM, Saturday 9:00 AM to 5:00 PM.

Enclosed with this letter please find the above referenced service area map and a Health Center Affiliation Checklist. If you have any questions or wish to discuss this letter, please contact John Wallace, of my staff, at (213) 240-8059.

Sincerely,

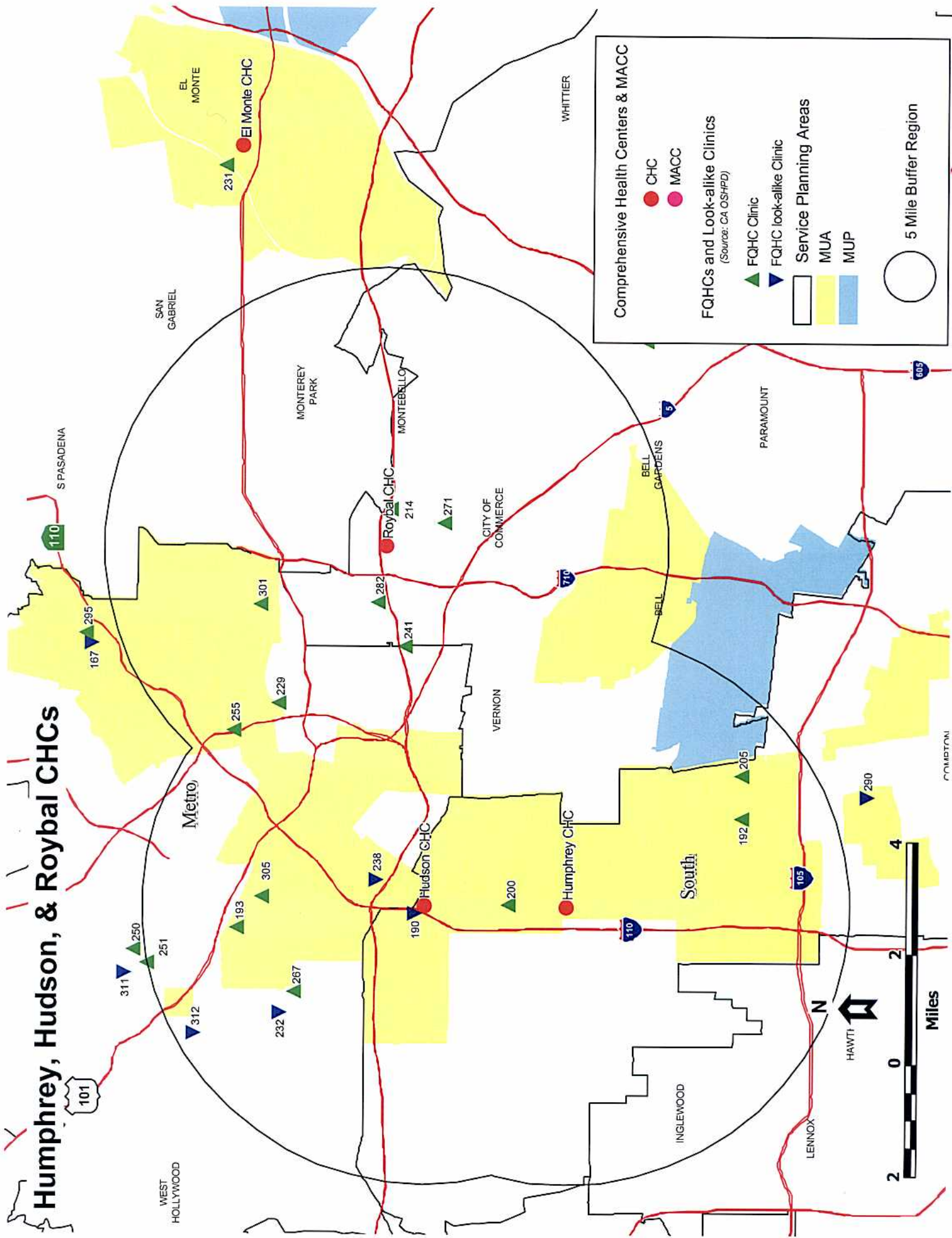


Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

TLG:dp

Attachment

Humphrey, Hudson, & Roybal CHCs



FORM 4 - PAGE 1 OF 3

HEALTH CENTER AFFILIATION CHECKLIST

Organization: Los Angeles County Department of Health Services

1. Does your organization have, or propose to establish as part of the new access point application, any of the following arrangements with another organization? (NOTE: You must complete a checklist for each organization with which you have any of the following arrangements. Copies of all applicable documents must be included with the application.)

YES _____ (Please check all that apply and proceed to question #2)

NO X (Go to question #2)

- ☐ a) Contract for a substantial portion of the approved scope of project
- ☐ b) Memorandum of Understanding (MOU)/Agreement (MOA) for a substantial portion of the approved scope of project
- ☐ c) Contract with another organization or individual contract for core providers
- ☐ d) Contract with another organization for staffing health center
- ☐ e) Contract with another organization for the Chief Medical Officer (CMO) or Chief Financial Officer (CFO)
- ☐ f) Merger with another organization
- ☐ g) Parent Subsidiary Model arrangement
- ☐ h) Acquisition by another organization
- ☐ i) Establishment of a New Entity (e.g., Network corporation)

Name of Affiliating Organization: _____

Address: _____

STAFFING

- 2) The center directly employs the CFO, CMO and the core staff of full-time primary care providers. YES ☒ NO ☐

- 3) The center directly employs all non-provider health center staff. YES ☒ NO ☐

If NO in question 2 or 3, the applicant must submit a request for a good cause exception. Please see PIN 98-24.

If NO in question 2 or 3, the CEO of the center retains the authority to select and dismiss staff assigned to the center. YES ☐ NO ☐

(Please cite reference document and page #.) _____

FORM 4 - Page 2 of 3
HEALTH CENTER AFFILIATION CHECKLIST

GOVERNANCE:

- 4) The Governing Board structure is in compliance with all requirements YES ☒ * NO ☐
☐ of section 330 of the Public Health Service Act.

- 5) The Governing Board retains its full authorities, responsibilities and functions as prescribed in legislation/regulations/BPHC guidelines in regard to the following as YES ☒ * NO ☐
identified below.

* In the process of establishing co-applicant board, which will occur through an ordinance passed by the Los Angeles County Board of Supervisors. There are no official documents yet in place.

	Reference Document	Page #
• executive committee function and composition	_____	_____
• selection of board chairperson	_____	_____
• selection of members	_____	_____
• strategic planning	_____	_____
• approval of the annual budget of the center	_____	_____
• directly employs, selects/dismisses and evaluates the Chief Executive Officer (CEO)/Executive Director	_____	_____
• adoption of policies and procedures for personnel and financial management	_____	_____
• establishes center priorities	_____	_____
• establishes eligibility requirements for partial payment of services	_____	_____
• provides for an independent audit	_____	_____
• evaluation of center activities	_____	_____
• adoption of center's health care policies including scope and availability of services, location, hours of operation and quality of care audit procedures	_____	_____
• establishes and maintains collaborative relationships with other health care providers in the service area	_____	_____
• existence of a conflict of interest policy	_____	_____

- 6) The arrangements presented in the affiliation agreements, as defined in Question 1, do not compromise the Board authorities or limit its legislative and regulatory mandated functions and responsibilities. (Examples of compromising arrangements are: overriding approval or veto authority by another entity; dual majority requirements; super-majority requirements; or hiring and selection of the CEO). YES ☐ NO ☐
N/A

FORM 4 - Page 3 of 3
HEALTH CENTER AFFILIATION CHECKLIST

CONTRACTING

- 7) The center has justified the performance of the work by a third party. YES ☐ NO ☐
N/A

(Please cite reference document and page #.) _____

- 8) Written affiliation agreement(s) comply with current
Department of Health and Human Services (HHS) policies, i.e.: YES ☐ NO ☐
N/A

	Reference Document	Page #
• contains appropriate provisions around the activities to be performed, time, schedules, the policies and procedures to be followed in carrying out the agreement, and the maximum amount of money for which the grantee may become liable to the contractor under the agreement;	_____	_____
• requires the contractor to maintain appropriate financial, program and property management systems and records in accordance with 45 CFR Part 74 and provides the center, HHS and the U.S. Comptroller General with access to such records;	_____	_____
• requires the submission of financial and programmatic reports to the health center;	_____	_____
• complies with Federal procurement standards or grant requirements including conflict of interest standards;	_____	_____
• is subject to termination (with administrative, contractual and legal remedies) in the event of breach by the contractor.	_____	_____

PLEASE INCLUDE LIST AND COPIES OF ALL RELEVANT AND CITED DOCUMENTS

I certify that the information contained herein is accurate to the best of my knowledge.

Signature of Governing Board Chairperson

Date

**

Printed Name

**In the process of establishing co-applicant board. The governing Board Chairperson is not yet in place.